

DEC 13 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39280

Do not use this space.

10267

1. PLACE OF DEATH

(a) County.....

Registration District No. 1008

(b) Township.....

Primary Registration District No.

(c) City St. Louis

(d) Street No. City Hospital No. 1

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred

yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Charles Vogt

(a) Residence, No. 2209 a Salisbury

St. 20

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)
married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Christine Vogt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb 15, 1882

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day,hrs.

ormin.

55

8

17

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.9. Industry or business in which work
was done, as saw mill, bank, etc.

nil

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Fayetteville, Illinois

FATHER

13. NAME

Charles Vogt

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Germany

MOTHER

15. MAIDEN NAME

Elizabeth Pele

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Germany

17. INFORMANT
(ADDRESS)

Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Calvary

DATE

Nov 5, 1937

19. FUNERAL DIRECTOR
(ADDRESS)Henry Leidner & Co.
1417 N. Market St.

20. FILED

NOV

4 1937

J. T. Bredeck

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

11/2/37

19

22. I HEREBY CERTIFY, That I attended deceased from

10/4/37

19

11/2/37

19

I last saw him alive on 11/2/37

19

to have occurred on the date stated above, at 2:35 p

The principal cause of death and related causes of importance were as follows:

Acute Parotitis
operative procedure
(not mumps)

Date of onset

Other contributory causes of importance:

Operation for Removal
of gall stones

Name of operation

Cholecystectomy

Date of 10-22-37

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. Casberg

(Address)

City Hospital No. 1

M. D.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I 1212004

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 2256

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)